

| CLAIMS ONLY | | | | | | | Application Number 10/672893 | | Filing Date | | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|--------|-------------|--------|--|
| | | | | | | | Applicant(s) | | | | |
| | | | | | | | * May be used for additional claims or amendments | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | | |
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| Total Depend | 46 | | | | | | | | | | |
| Total Claims | 47 | | | | | | | | | | |